

FILED FEB 27 1950 STANDARD CERTIFICATE OF DEATH

State File No. 4535

|   |  |  |  |  |  |   |  |
|---|--|--|--|--|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>128</u>  |  | PRIMARY REG. DIST. NO. <u>2000</u>   |  | Registrar's No. <u>147</u>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Greene</u>  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>   |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Springfield</u>  |  | c. LENGTH OF STAY (In this place)<br><u>2</u>  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Springfield</u>   |  | <u>0396</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1125 W. Webster</u>  |  |  |  | d. STREET ADDRESS (If rural, give location)<br><u>1125 W. Webster</u>  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Lucy</u> b. (Middle) <u>A.</u> c. (Last) <u>Perry</u>   |  |  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Feb. 19 1950</u>  |  |   |  |
| 5. SEX <u>Female</u>  |  | 6. COLOR OR RACE <u>White</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widow wed</u>   |  | 8. DATE OF BIRTH<br><u>July 29 1858</u>                                       |  |
| 9. AGE (In years last birthday) <u>91</u>   |  | IF UNDER 1 YEAR<br>Months _____ Days _____   |  | IF UNDER 1 HRS.<br>Hours _____ Min. _____  |  |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |  |  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Ho usewife</u>   |  | 11. BIRTHPLACE (State or foreign country)<br><u>Lo wa</u>                     |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>  |  |  |  |  |  |   |  |
| 13a. FATHER'S NAME<br><u>Elias Smith</u>  |  |  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Serepta Savage</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>James S. Perry</u>                          |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |  |  |  | 16. SOCIAL SECURITY NO.<br><u>No</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Mrs. Jessie McWho rter</u>            |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.   |  |  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage, Cerebral</u><br><br>ANTECEDENT CAUSES<br>DUE TO (b) _____<br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><br><u>3312</u> |  |   |  |
| 19a. DATE OF OPERATION  |  |  |  | 19b. MAJOR FINDINGS OF OPERATION   |  |   |  |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  |  |  |  |  |   |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |  |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?   |  |   |  |
| 22. I hereby certify that I attended the deceased from <u>2.13.</u> , 19 <u>50</u> , to <u>2.19.</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>2.19.</u> , 19 <u>50</u> , and that death occurred at <u>4:25p</u> m., from the causes and on the date stated above. |  |  |  |  |  |   |  |
| 23a. SIGNATURE (Degree or title)<br><u>Miss M. H. Smith</u>   |  |  |  | 23b. ADDRESS<br><u>542-52 Med. Arts Bldg., Springfield, Missouri</u>   |  |   |  |
| 23c. DATE SIGNED<br><u>2.20.50</u>  |  |  |  |  |  |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |  | 24b. DATE<br><u>2-21-50</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Greenlawn</u>   |  | 24d. LOCATION (City, town, or county) (State)<br><u>Springfield, Missouri</u> |  |
| DATE REC'D BY LOCAL REG.<br><u>2-20-50</u>  |  | REGISTRAR'S SIGNATURE<br><u>W. E. Handley</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>J. W. Klingner &amp; Co.</u>  |  | ADDRESS<br><u>Springfield, Mo.</u>  |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4071

P. O. Address \_\_\_\_\_

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.